



Atty. Dkt. No. 033730-0102

~~RCE~~
Fpw

Applicant: Henricus Petrus Joseph TE RIELE, et al.
Title: HOMOLOGOUS RECOMBINATION
IN MISMATCH REPAIR
INACTIVATED EUKARYOTIC CELLS
Appl. No.: 09/884,877
Appl. Filing Date: 06/20/2001
Examiner: J. Woitach
Art Unit: 1632

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. § 1.114:** (check items that apply)

a. Previously submitted:

- ☐ Please enter and consider the amendment and/or reply previously filed on ____.
- ☐ Please consider the Affidavit(s)/Declaration(s) previously filed on ____ but not considered.

01/19/2006 SZEWDIE1 00000010 09884877

01 FC:1801
02 FC:1255

790.00 OP
2160.00 OP

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ____.

☐ Other ____.

b. Enclosed are:

☒ Substantive Submission Under 37 C.F.R. § 1.114.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO-1449 with copies of ____ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	17	- 20	= 0	x \$50.00	= \$0.00
Independents	2	- 3	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	0	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00		\$2,160.00
EXTENSION FEE SUBTOTAL:			\$2,160.00
EXTENSION FEE ALREADY PAID: -			\$0.00
EXTENSION FEE TOTAL			\$2,160.00
CLAIMS AND EXTENSION FEE TOTAL:			\$2,950.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			\$0.00
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:			\$2,950.00

☒ A check in the amount of \$2,950.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 18, 2006

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5569
Facsimile: (202) 672-5399

By *Alex Saprigin* (Alex Saprigin)
FOR Stephen B. Maebius (Reg # 56,439)
Attorney for Applicant
Registration No. 35,264